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CONFIRMATION NO. 7781

<b>SERIAL NUMBER</b> 10/676,068	<b>FILING OR 371(c) DATE</b> 10/02/2003 <b>RULE</b>	<b>CLASS</b> 704	<b>GROUP ART UNIT</b> 2626	<b>ATTORNEY DOCKET NO.</b> Hayre
<b>APPLICANTS</b> Harbhajan S. Hayre, Houston, TX;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/31/2003				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Verified and Acknowledged <u>[Signature]</u> Examiner's Signature <u>[Initials]</u>		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 11
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 23294				
<b>TITLE</b> Noninvasive detection of neuro diseases				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	